

Upward Enterprises Inc. WWW.UPWARDENTERPRISES.COM

Tel: (301) 834 6140

In consideration of being allowed to participate in any way in the Upward Enterprises, Inc. Program, its related events and activities I _____, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program such as Ropes Challenge Course and portable games and activities is significant and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist and,
2. Except as otherwise provided in Paragraph 4 below, I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to attention of the nearest official immediately; and,
4. To the fullest extent permitted by law, I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, and hold blameless Upward Enterprises Inc., the officers, officials, agents, and employees, other participants, sponsoring agencies, advertisers, and, the owners and leasers of the premises used to conduct the event, with respect to any and,

The Venue of any dispute that may arise out of this agreement, or otherwise, between the parties to which Upward Enterprises, Inc. or its agents is a party, shall be either the U.S. District Court of Frederick County, Maryland, or the State Supreme Court of Maryland.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date _____

Participants Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (Under age 18)

This is to certify that I, as parent/ guardian with legal responsibility for this participant, do consent and agree to his/ her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Date _____

PARENT/ GUARDIAN SIGNATURE EMERGENCY PHONE NUMBERS

Medical Registration Form

Prior conditioning is strongly recommended. On all of our outings, clients are expected to take personal responsibility for their own safety. Please consider the statements below carefully as you complete this Medical Registration Form.

Name _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Who to Contact in Case of Emergency: Name _____ Phone _____

Name of Physician _____

Phone _____

Please check YES or NO for each line ✓

Do you currently have a history of?

- | | Yes | No |
|--|----------|-------|
| 1. Cardiac Problems | 1. _____ | _____ |
| 2. Respiratory or Asthma Problems | 2. _____ | _____ |
| 3. Diabetes or Blood Sugar Problems | 3. _____ | _____ |
| 4. Epilepsy or Seizures | 4. _____ | _____ |
| 5. Mental or Neurological Problems | 5. _____ | _____ |
| 6. Bleeding Disorders | 6. _____ | _____ |
| 7. Musculoskeletal Injuries, breaks, sprains, dislocations | 7. _____ | _____ |
| 8. Allergic to Medication? Specify _____ | 8. _____ | _____ |
| 9. Allergic to insects, food, or plants? Anaphylaxis? | 9. _____ | _____ |

Specify _____

Do you carry Epinephrine?

- | | | |
|--|-----------|-------|
| 10. Allergic to Iodine (Water Purification) | 10. _____ | _____ |
| 11. Currently taking any prescriptions or Meds | 11. _____ | _____ |

Specify _____

- | | | |
|--|-----------|-------|
| 12. Do you see a Specialist of any kind? | 12. _____ | _____ |
| 13. Are you pregnant? | 13. _____ | _____ |
| 14. Do you carry Medical Insurance? | 14. _____ | _____ |

Specify _____

Please explain any "yes" answers:

Date of your last Doctor visit and why:

Your age: _____

Height: _____

Weight: _____